

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. 09/856415		FILING DATE July 01				
							APPLICANT(S) Talston						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51		/				
2							52		/				
3							53		/				
4							54		/				
5							55		/				
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37				/			87						
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40				/			90						
41				/			91						
42				/			92						
43				/			93						
44				/			94						
45				/			95						
46				/			96						
47				/			97						
48				/			98						
49				/			99						
50				/			100						
TOTAL IND.			2				TOTAL IND.	0					
TOTAL DEP.			2				TOTAL DEP.	20					
TOTAL CLAIMS			23				TOTAL CLAIMS	20					